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ABSTRACT

Modern medical technology has increased the length and improved the quality of the lives of physically injured and disabled individuals. Knowledge and attitudes toward social and psycholcgical factors associated with disability have not kept pace with these advances. Professionals working with disabled have not significantly changed their attitudes concerning the needs and sexual functioning of the disabled. Surveys of physicians' attitudes have shown that they are feeling more inadequately prepared than in the past to handle questions regarding sexuality. Similar conclusions have been drawn about other professional groups; professionals in all disciplines relate much personal discomfort in their often futile attempts at discussing sexuality with their clients. Contrary to popular belief, social change, the "sexual revolution," and increased visibility of the disabled in society appear to have done little to change knowledge and attitudes concerning sexuality in disabled individuals. (Author)

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SEXUALITY AND DISABILITY: THE MALE CLIENT WITH A SPINAL CORD INJURY

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SEXUALITY AND DISABILITY: THE MALE CLIENT WITH A SPINAL CORD INJURY

In recent years, modern medicine and advanced technology have significantly lengthened the lifespan of individuals who have undergone physical injury resulting in permanent disability. The psychological rehabilitation process has likewise improved and services for the disabled are in a continuous state of evolution. Knowledge of and attitudes towards sexuality and sexual functioning in the physically disabled has not kept pace with these advances. In this age of rapid social change, knowledge concerning sexual functioning of the spinal cord injured individual is clouded by myth, ignorance, and prejudice.

Two surveys were conducted by the medical newspaper, Hospital Tribune, to assess physicians' knowledge of sexual problems in general. The 1970 survey found that 76% of the physicians responding to the study felt inadequately prepared to deal with sexual problems of their patients. Twenty percent of these same physicians felt they were prepared to offer advice of a sexual nature. A second, more extensive survey was conducted by the same newspaper three years later in 1973. Results of this survey concluded that 82% (six percent more than in the earlier survey) felt they were not prepared to give adequate information on sexuality; 13% (seven percent less than in 1970) reported that they were prepared to answer questions involving sexual concerns. "Thus, instead of reporting being better

prepared, more physicians are stating that they are not adequately informed and prepared to handle problems in this area" (Hospital Tribune, 1974, p. 1).

An earlier study published in 1967, stated that "the family practitioners, gynecologists, and urologists estimated about 15% of their patients had sexual problems. The internists were at 6% and the psychiatrists at 77%" (Golden, 1976, P. 83). The article continues to relate that in this particular survey, specialists like orthopedic and vascular surgeons reported no incidence of sexual problems in the individuals under their treatment.

These statements refer specifically to physicians. Similar conclusions have been drawn about other professional groups. Sexuality has long been a taboo subject; professionals have felt much personal discomfort in their often futile attempts to broach this subject with those seeking help and information. Recently, some new information has replaced a culturally imposed ignorance of sexuality, especially that of sexuality in the physically disabled.

Dr. E. L. Workman,* a rehabilitation counselor, has stated that the literature currently available on sexual functioning of spinal cord injured males is primarily restricted to the considerations of the mechanical aspects of conventional sexual behavior. Specific information concerning psychological

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*Personal communication with Edward L. Workman, Ed. D, Vocational Services Department, Rancho Los Amigos Hospital, Downey, California, May, 1976.

counseling programs is still very limited.

In a discussion of the importance of sexuality, Dr. Workman suggests that many young male spinal cord injured will be so involved with concern over their sexual functioning that they will be unable to engage in other activities including vocational rehabilitation.

The 'universal impotence myth' has long been associated with the physically disabled. If a patient in the pre-injury period of his life believed this myth, then he would naturally tend to assume impotence after sustaining injury. The attending physicians and supporting staff may reinforce this belief, as well as the patient's family and friends. This is aggravated by his already damaged self-concept at having become disabled. Fordyce (1965) believes that any source of felt or real sexual inadequacy may create marked distress, particularly in the adolescent or young adult who may not yet have arrived at a comfortable self-concept of sexual adequacy. For some patients with major pre-morbid conflicts about their sexual roles, the disability may serve to remove them from the sexual arena.

What disabled individuals know about their own sexuality has most often been learned from other disabled. They have been unable to obtain knowledge concerning sexuality through the channels that most of us have been able to utilize.

Therapeutic interaction and counseling emphasize the development of positive attitudes in the individual. Group therapy for those patients who can benefit from it is used

extensively to educate and desensitize the patient to sexual taboos. Comarr (1973) believes that time and patience are crucial elements. He feels that a modest amount of counseling should take place during the early months after injury; Dr. Comarr prefers that the patient discuss his sexual situation only after he has been home and made attempts at coitus. "Cooperation and understanding on the part of the wife or partner are of paramount importance" (p. 238). Knowing what the patient can and cannot do helps the therapist in making the appropriate suggestions. "'Sexual equivalents' should be discovered" (p. 238). Diamond (1974), Golden (1976), and others have discussed this use of sexual equivalents and suggest that the entire interpersonal relationship be considered rather than the limited concepts of erection and orgasm.

Cole (1972) has established and developed an educational program which is presented to the spinal cord injured patient. He encourages free discussions of uninhibited sexuality, and believes that if a patient realizes he can perform sexually and receives reinforcement from others, that he will be successful in his sexual adjustment.

Walker, Clark, and Sawyer (1975) discuss educational programs for teaching professionals about sexual functioning in spinal cord injured patients. In an article on continuing education in rehabilitation, Kauppi (1976) suggests that counselors become aware of recent technical advances that have

increased options available to the severely disabled. New thinking and methods have lead to new techniques of sexual fulfillment, replacing past frustration and ignorance.

Kidd*, a recent quadriplegic himself, believes that the sexual experience becomes much more of an intimate experience to a man who has recently suffered a disabling injury. The partners have to be candid and honest with each other in order for the man to feel comfortable in the sexual arena. This tends to draw the two partners closer together. Kidd feels that this enhances the relationship since the man has to be more than just a sexual partner. In order for the relationship to work, there has to be true feelings between the partners. Emotional closeness and caring develop as the partners attempt to fulfill one another.

The focus in sexual counseling programs should be on sexual knowledge, on making use of what functions an individual still has, and on individual responsibility in making choices about one's life. Adaptability rather than obliteration of sexuality in the face of spinal cord injury will provide impetus for rehabilitation of sexual function. A healthy mental attitude is one of the primary factors in the successful sexual rehabilitation of a patient with a spinal cord injury.

Wada and Brodwin (1975), in a research study on the attitudes of society toward sexual functioning of spinal cord injured males, found a lack of correct information concerning

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*Personal communication with Thomas Kidd, Vocational Services Department, Rancho Los Amigos Hospital, Downey, California, January, 1975.

this subject area across all age groups. Even individuals, both professional and assisting staff, working directly with disabled persons felt that sexuality is irrelevant to the spinal cord injured. The authors state that their results add confirmation to the hypothesis that prejudice and ignorance abound concerning the sex lives of disabled individuals. Recent social change, the 'sexual revolution', and increased visibility of the disabled have done little to change knowledge in this subject.

In conclusion, it is suggested that this area of psychology and rehabilitation receive more attention in research, education, and practical application. Rehabilitation counselors have studied and evaluated other areas such as helping their clients adjust to new disabilities, evaluation of vocational skills that have been disrupted by injury, etc., but have accomplished little on the subject of sexually advising their spinal cord injured clients.

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